

Senile Mumps With Suppuration

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MUMPS in the aged is a rarity, and so is parotid suppuration in this condition at any time.

The two patients about to be described were old women occupying beds which faced each other at the end of a long ward. One case became evident six days after the other.

They were nursed in the same ward behind screens, and there were no other cases among the other occupants of the room, all of whom were of about the same advanced age.

1.—Miss I. R., aged 80.

In August, 1951, this old lady developed acute left-sided cardiac failure with pulmonary oedema. Always of a depressive type, during this attack she became almost unmanageable. Under prolonged and profound sedation with morphine and hyoscine supplemented by the barbiturates, she made an unexpected recovery, but remained apathetic.

On 16th October she developed a painful swelling under the right jaw, and within a few days had the full collar swelling of mumps. Chloromycetin was given from the second day, but was discontinued after three days as there appeared to be no response to it. The parotitis subsequently appeared to be resolving in the usual way on the right side, but on the left it became very massive. She was then put on penicillin. She was unable to shut the right eye. The mass became fluctuant, and an abscess began to point behind the left ear. There appeared to be several loculi, and radial incisions were made into the anterior part of the gland. From the pus which drained freely from all of these a staphylococcus aureus was cultured. At this time her urinary diastase was 100 units, but she had no abdominal pain and the faecal fat analysis was normal. The abscess gradually resolved. She did not develop any salivary fistula, and was once more able to shut the left eye normally. Nine days after the formation of the abscess her urinary diastase had fallen to 8 units. Exhaustion and debility were considerable at the end of this illness, and she died without any further cardiac manifestations on 17th November.

2.—Mrs. McG., aged 84.

This old lady had a hemi-plegia of several years' standing, and was confined to a cot bed on account of her tendency to fall out of an ordinary one. Cerebration was slow and her conversation reiterative.

Six days after the onset of mumps in the first case this patient developed a

typical attack. This ran a perfectly normal course. She had chloromycetin for four days. Resolution was complete and there were no complications.

She subsequently developed a further slow cerebral thrombosis from which she eventually died. There was nothing to suggest that her mumps had anything to do with the onset of her terminal illness.

While suppuration in epidemic parotitis is uncommon, it seems most likely that if it is going to occur, it will be in cases such as those described, where old age and its accompanying debility must be considerable factors in the predisposition to secondary infection.

REVIEW

A SYNOPSIS OF OPHTHALMOLOGY. By J. L. C. Martin-Doyle, M.R.C.S., L.R.C.P., D.O. (Oxon). (Pp. 246. 20s.). Bristol: Wright & Sons Ltd., 1951.

THE aim of this book is to give the senior medical student or busy general practitioner a comprehensive view of the whole of Ophthalmology in one small volume. In this aim the author has succeeded wonderfully well, but like all attempts of this kind critics may say he has not stressed certain facts enough or others are over-stressed. His plan of giving separate chapters to the "newer knowledge"—Chemotherapy, A.C.T.H., Cortisone and Allergy—is good, but one can almost date the writing of his script by "how up-to-date" is his story.

I like his apt quotations here and there in the book, which is clearly written and well printed. It is a pity no coloured illustrations of fundi, etc., have been found possible as they are a tremendous help to students.

There are some points of treatment with which one might disagree but these are of a minor nature.

To sum up, one might say the book comes under the aids to ophthalmology series.

J. R. W.